

Ballot Collection From Drop-Off Locations

Drop-box unique
identifier
(if applicable)

Location Name

Drop-off location

Address

City

State

Zip

Date and time of
ballot collection

_____/_____/_____
Date

_____:_____
Time am/pm

Names of officers of
election or employees
who collected ballots
(minimum two)

Collector 1

Collector 2

Any additional collectors (if applicable)

Number of ballots
collected

Collector affirmation

I attest that I performed my duty to safely and securely collect all ballots from this drop-off location at the time and date stated. I then immediately delivered all collected ballots to either the general registrar's office or central absentee precinct.

Collector 1 signature

Signature

_____/_____/_____
Date

Collector 2 signature

Signature

_____/_____/_____
Date

Any additional
collectors signature
(if applicable)

Signature

_____/_____/_____
Date

Number of ballots received in GR Office _____

Received by

Name

Signature

_____/_____/_____
Date